



TOWN OF NEWINGTON

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Testimony of
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Appropriation Committee Public Hearing
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Senator Bye, Representative Walker and esteemed Members of the Appropriations Committee. I am Dianne Stone, the Director of the Newington Senior and Disabled Center, the first Center in the State of Connecticut to achieve National Accreditation. I am a Past-President of the Connecticut Association of Senior Center Personnel and the Connecticut Association of Municipal Agents for the Elderly, a member of the Executive Leadership Committee of the National Institute of Senior Centers, the Chair of the National Senior Center Accreditation program, an appointed member of the CT Legislative Commission on Aging and a long-term member of the Connecticut Elder Action Network (CEAN). I list all of these involvements not to establish my credibility, but to demonstrate my passion for serving the older adults of this state. I know that you all share that same commitment.

I understand the ongoing budget crisis. I live it professionally as our municipal budget is squeezed and we accept that we must do more with less. I also see it in the people around me who struggle with making ends meet. I don't envy your role in shaping this budget and respectfully submit my comments on some of the budget areas before you today. I am confident that others before me have fully explained the issues that I raise with facts and figures and so I have limited my comments.

Human Services Budget

Reduce the Personal Needs Allowance (PNA) for Residents of Long-Term Care Facilities from \$60 to \$50

I understand that there is no stone left unturned when you are looking at budget savings but this reduction seems particularly harsh. While the residents of long-term care facilities have their basic needs provided, the small amount that they are allowed for personal needs is not a luxury. It is not pocket money. It is the money that is used to purchase clothing, personal care items, to get a haircut or a wash and set. Who among us does not understand how important these basic items are to our wellbeing? I urge you to look in other pockets for this savings. In fact, I would rather you took that \$10 out of MY pocket.

State-Funded Connecticut Home Care Program for Elders (CHCPE).

The State of Connecticut has demonstrated great commitment to rebalancing the long term care system. The Connecticut Home Care Program for Elders has been a cornerstone program in that effort and is tried and true. It provides the services and supports needed by some of our most vulnerable and frail older adults to support their choice to live at home. There are two elements of the budget that are worrisome.

- **Increase the Cost-Share from 7% to 15% under the State-Funded Connecticut Home Care Program**

When a cost share was first implemented in the CHCPE, many people who had been assessed as needing a nursing home level of care, dropped out of the program. Unfortunately, no one tracked the people who left the program to see what happened to them. Others reduced the services that they were getting. Increasing the co-pay to 15% is sure to have the same effect. And, the people who need and receive the most help will be subject to the largest increases in co-pay. Again, these are some of the most vulnerable people in our communities.

- **Freeze Intake to Category 1 of the State-Funded Connecticut Home Care Program**

The older adults who use this level of the program are, by definition, at risk. The services that are put in place help to provide safety and to prevent or delay the need for nursing home level of care. Freezing level 1 seems counterintuitive.

Require Dually Eligible Clients to Cover All Medicare Part D Co-Payments

Currently, residents who are eligible for Medicaid only do not pay any co-pays for prescription medication but those who are eligible for both Medicaid and Medicare do. While there is an inequity in this, those co-pays are capped at \$15 per month. The Governor's budget removes this cap for a segment of the dually eligible population, those who do not receive long term services and supports under Medicaid. These are among the poorest and the sickest people living in our communities. These folks are already living very close to edge. They are using food pantries, energy assistance etc. They do not have the extra money to pay more for co-pays.

State Department of Aging

Reduce the funding available in the Connecticut Statewide Respite Care Program

Caring for someone with Alzheimer's or a related dementia is incredibly hard and, without the family caregivers who do it day in and day out across this state, we would be in trouble. The Respite Care Program provides a lifeline to some of those caregivers. The need and demand for the program will continue to grow as the number of people diagnosed with this insidious disease increases and it is already underfunded. In the North Central region, the program is already closed to new intake with months to go in the fiscal year because it has used all of its funding.

Department of Rehabilitation Services

Eliminate funding for Centers for Independent Living

The five Centers for Independent Living support individuals with disabilities to promote independence, productivity and quality of life. My understanding is that they are able to leverage the funding that they receive from the State for funding for federal funds. They are a critical element in the aging and disability network and I urge you to restore their funding.